Rev. 06/2006

LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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THIS SPAC	E FOR OFFI	CE USE ONLY

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	(Type or print clear See instructions at	bottom of page								
1	Jody Tischer Laubsmith Ki	_				prepared 5-4-08	-		month en	ding (Yr.)
	16863 From	10 97×71						2	129	08
	-								1	
	1 Totals of all reported	ole expenditures made of								yer.
Category of Expenditure Reimbursed Personal Living and Travel *Total Amount for			Proportionate amounts contributed Item 3, at bottom of page.)				ployer (Identi	fy employer	s, under	
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		All Employers	Employer No. 1		1	Employer No. 2	Employer No. 3 Em		Employer	No. 4
	Entertainment Food and Refreshment	s	s_O		s		s	s s		· .
]	Living Accommodations				_ _					
	Advertising		0		_					
	Travel	358.08	358.08		<u> </u>		l			
,	Telephone	_10.00	10.00		<u>_</u> _					
Other Expenses or Services					-					
:	Total	s 368.08	s 36	8-08	? s		s		ş	
	*When the number of employers yo	u are reporting for requir	es multiple .	L-3 for	ms to be	filed a total amou	nt for all emp	lovers shoul	Id be entered	on Page 1.
•	Item The totals of each expendi					, other holder of p	ublic office,	and executiv	ve officials.	
	2 Date	Place		A	mount	Names of Leg	islators, Public	and Execu	tive Officials	in Group
						-				
	Continued on attached page(s))		· 	Item					
INSTRUCTIONS						F	Employer(s) Na	nployer(s) Name(s) and Address(es)		
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code				NO.1 Glaxo SmithKline						
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					No. 2					
TO BE FILED WITH: Ben Ysursa					No. 3					
Secretary of State PO Box 83720						_				

No. 4

Item 4	person	al prop	made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible perty to any Legislator, Public or Executive Official or for or on behalf of any Legislator, Public or Executive Official.							
	Dat	te	Amount	Nar	ne of	Legislator, Public or Executive Official Receiving or Benefiting				
Item 5 Subject (from)	or House	se Bill, l byist wa Bill, Re Legislati	Resolution or other as supporting or op	on, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	Codd 01 02 03 04 05 06 07 10 11 12 13 14 15 16	senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal		IDENTIFICATION Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)		
6	Identify bid or bi supportin	d proces	ss, financial service	ision, procurement, contract, s or bond lobbyist was		CERTIFICATION: I hereby certification in accordance Lobbyist signature	•			